DISCLOSURE SUMMARY PAGE

COMMITTEE NAME (Must be same as on Statement of Organization) (IVUNU OUNTY REPUBLICANS (INTRA COMMITTEE) IMPORTANT: Indicate type of committee you are reporting for: (1) Statewide/Legislative Candidate (2) Statewide PAC (3) State Party (4) County/Local Candidate (5) County PAC (6) Ballot Issue/Franchise Committee (7) County/City Central Committee (8) Support Slate of Candidates SIGNATURE OF TREASURER (or person filing this report) TELEPHONE	Commutation Par Street Par	
Penalties Due For Late Filed Reports Range from \$1	510 to \$400	
SEE INSTRUCTIONS ON BACK AND COMPLETE THE FOLLOWING SENTENCE:	<u>:</u>	
I AM FILING A May 19, 2008 REPORT FOR AN/A (1) ELECT Indicates	CTION /(2)NON-ELECTION YEAR. cate one 1	
□CHECK IF AMENDMENT TO REPORT DATED Loc	ocal Committees, enter Date of Election	on
☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3. (You must continue to file reports until a Notice of Dissolution is filed.)	County & Local Committees, enter Cour which Election is held	nty in
STATEMENT OF CASH ON HAND		
CASH ON HAND at the beginning of the reporting period. (This is the total of all monies held by the committee. This amount MUST be the same as the cash on hand at the end of the last reporting period, or must be zero if this is first report filed.)	s <u>34</u> .67	
ADD TOTAL MONEY TAKEN IN THIS PERIOD		
Schedule A: Cash Contributions total (Attach Schedule A)	-1590.37	
Schedule C: Fund-raising Events total (Attach Schedule C)		
Schedule F: Loans Received total (Attach Schedule F)		
Schedule H: Total Sales of Campaign Property (Attach Schedule H)		
(Schedule H applies to Candidates' Committees Only)		
SUB-TOTAL	L 1,1015,04	
SUBTRACT TOTAL MONEY SPENT THIS PERIOD	11000-01	
Schedule B: Expenditures total (Attach Schedule B)		
Schedule F: Loan Repayments total (Attach Schedule F)		
CASH ON HAND at the end of this reporting period (if final report, balance must be zero) (Attach DR-3)		
UNPAID BILLS (From Schedule D - Attach Schedule D)	e	
IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E)	\$	
OUTSTANDING LOANS (From Schedule F - Attach Schedule F)	\$	
CANDIDATE COMMITTEES ONLY:		
CONSULTANT BREAKDOWN (Schedule G Attached?)	YES N	1
VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H)	YESNO	

FORM

DISCLOSURE (Rev. 02/98)S AM REPORT

For instructions, See Back of Form

CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds)	A (Rev. 06/97)	MONETARY RECEIPTS
COMMITTEE NAME (Must be same as on Statement of Organization) Green County Republicans Central Committee	CHECK THIS BOX IF AMENDING FORM	

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

CAUTION: Section 68B.32A(6), Iowa Code, prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER INCOME
01/15/08	ID#	Nothing over \$20 - Money Mag Caucus Money Dag Caucus Nothing over \$20		\$53.19	
	ID#	Mmy bag Caucus Nothing over \$ 20		160.00	
	ID# CK#		·	197.18	
	ID# CK#			498.00	
1	ID# CK#		·	657.00	·
4.16.08	ID# CK# 1927	Harl Gilbertsn- 50413 1609 Rainbow Dr Gdarfells	donation	\$ 25.00	
	ID# CK#	·			
	ID#	١	·		·
	ID# CK#				
	ID# CK#		·		
	1	I	SUB-TOTAL		ئـــــــــــــــــــــــــــــــــــــ

SUB-TOTAL TOTAL (if last page of this schedule)

SCHEDULE

Page of (for Schedule A)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage) (See Page 2 of forms packet.). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

FOR INSTRUCTIONS, SEE BACK OF FORM

EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 09/97)	MONETARY EXPENDITURES	
CHECK THIS BOX IF AMENDING FORM		

COMMITTEE NAME (Must be same as on Statement of Organization) ammittee CANDIDATE **PURPOSE AMOUNT** (DESCRIBE TRANSACTION) EXPENDED ID NUMBER **EXPENDITURE** DATE **EXPENDED** (if applicable) (Disbursement) WAS MADE (MM/DD/YR) AND PAC CHECK NUMBER ID# Cancus Expense.

Signage
Postage Cancus \$ 50.00 CK# 1.14.08 ID# CK# l-14.08 ID# CK# 3,23.08 ロフス ID# 131.00 CK# 4.15.88 ID# CK# ID# CK# ID# CK# ID# CK# SUB-TOTAL TOTAL (if last page of this schedule)

THIS BOY	APPLIES TO	CANDID	ATES' C	OMMITTEES	ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entities providing consulting, advertising, fund-raising, polling, managing, organizing services must also be detail itemized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 56.6(3)(i).)

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